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FACSIMILE TRANSMISSION COVER SHEET

Date: November 28, 2007

To: United States Patent and Trademark Office
Examiner: Jackson, Jakieda R.; Art Unit: 2626

Fax: (571) 273-8300

Re: **Application Serial No.: 10/799,503**
Filing Date: 3/11/2004; First-Named Inventor: Gao
Attorney Docket No.: 0160113

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 20

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated September 4, 2007.

Thank you.

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Attorney Docket No.: 0160113

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Yang GaoSERIAL NO.: 10/799,503 FILED: 3/11/2004FOR: Voicing Index Controls for CELP Speech CodingHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

No additional fee is required.
 The fee has been calculated as shown below:

<input type="checkbox"/> EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

TOTAL EXTENSION FEE \$ 0.00
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	13	MINUS **20	* = 0	x 50	x 25	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 200	x 100	\$

First presentation of multiple dependent claim

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

03M0004/US

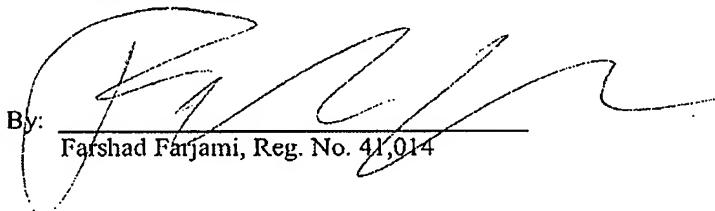
Attorney Docket No.: 0160113

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Please charge Deposit Account No. 50-1867 in the amount of \$ _____

The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-1867. A duplicate copy of this sheet is enclosed.

Date: 11/28/07

By: 
Farshad Farjami, Reg. No. 41,014

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

11/28/07
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Marci M. Sveda
Signature
Marci M. Sveda
Name of Person Performing Facsimile Transmission

Farshad Farjami, Esq.
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Facsimile: (949) 282-1002

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TOTAL CLAIMS	13	MINUS **20	* = 0	x 50	x 25	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

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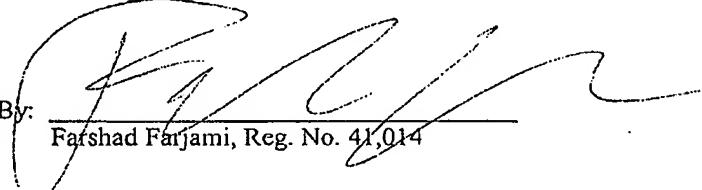
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Farshad Farjami, Reg. No. 41,014**CERTIFICATE OF FACSIMILE TRANSMISSION**

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In re Application of: Yang Gao

Art Unit: 2626

Serial No.: 10/799,503

Examiner: Jackson, Jakieda R.

Filed: March 11, 2004

For: VOICING INDEX CONTROLS FOR
CELP SPEECH CODINGAMENDMENT AND RESPONSE TO *NON-FINAL* OFFICE ACTION

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This Amendment and Response is submitted in response to the *Non-Final* Office Action, dated September 4, 2007, in the above-referenced patent application. Please enter and consider the following amendments and remarks.